

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016977

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 257

Primary Registration District No. 4386

Registrar's No. 29

STATE FILE NUMBER

FILED MAY 8 1963

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) Thayer		c. CITY OR TOWN Thayer	
Length of stay in b 18 mos.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 621 Locust		d. STREET ADDRESS (If outside, give location) 621 Locust	
3. NAME OF DECEASED (Type or print) First Cleveland Middle Hendrix Last Shepard		4. DATE OF DEATH Month April Day 27 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 78
11. BIRTHPLACE (City and state or country) Thayer, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME G. A. Shepard		13b. MOTHER'S MAIDEN NAME Ellen Nail	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE Mary Ann	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Valeria Trimble Thayer, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoplexy - Right Side -			INTERVAL BETWEEN ONSET AND DEATH 3 hrs -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 7/15-61 to 4-27-63 and last saw him alive on 4-27-63 Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John R. Eubank M.D. (Degree or title)		22b. ADDRESS Thayer Mo	22c. DATE SIGNED 4-29-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/1/1963	23c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery	23d. LOCATION (City, town, or county) (State) Oregon County, Missouri
24. FUNERAL DIRECTOR Carter Funeral Home Thayer, Mo.		25. DATE RECD. BY LOCAL REG. 4-29-63	26. REGISTRAR'S SIGNATURE Roy D. Glavin per R. N.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 **0750**
2 **0250**
3 **4**
4 **0**
5 **2**
6
7 **0**
8 **0**
9 **334X**
10
11
12 **90-2**
13 **3-0**

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1964

OCT 8 1963

Embalmer Permit Obtained 4-29-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jerry Cravens

Licensed Embalmer No. 5050

P. O. Address Shaver, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.